



**BUREAU OF CRIMINAL IDENTIFICATION
AND INFORMATION**
P.O. BOX 903417
SACRAMENTO, CA 94203-4170

APPLICATION TO OBTAIN COPY OF STATE SUMMARY CRIMINAL HISTORY RECORD

California Penal Code Sections 11120 through 11127 (see reverse side) afford persons an opportunity to obtain a copy of their record, if any, contained in the files of the California Bureau of Criminal Identification and Information and refute any erroneous or inaccurate information contained therein.

This application is not to be used to obtain a copy of your record to furnish to another person or agency for immigration, visa, employment, licensing, or certification purposes (refer to Penal Code Section 11125 on the reverse). Please show the reason for your request in the space provided below.

A standard 10-print fingerprint card with the applicant's fingerprints imprinted thereon, containing the name, descriptive data and mailing address of the applicant **and a fee of twenty-five dollars (\$25)** in the form of a personal check drawn on a California bank, US money order, certified check, or cashier's check made payable to the California Department of Justice **must accompany this application.**

A fee waiver may be obtained if a claim, signed under penalty of perjury, and proof of indigence is submitted pursuant to Penal Code Section 11123.

The undersigned hereby applies to obtain a copy of his/her State Criminal History Record: TYPE OR PRINT

Name _____
LAST NAME FIRST NAME MIDDLE NAME

Mailing Address _____
NUMBER STREET

CITY STATE ZIP CODE

Date of Birth ____/____/____ Telephone Number (DAY TIME) _____

Reason for application _____

If you wish this record mailed to an address different than the one listed above, an assistance agency, or to your legal representative, complete the following:

Name _____ Title _____

Address _____
NUMBER STREET

CITY STATE ZIP CODE

SIGNATURE OF APPLICANT

DATE